

Work Package 2 – Co-designing the CHARMER Intervention Package

Plain English Summary

Why we did this research

As we get older, our bodies are less able to handle some medicines. Medicines that were once effective and safe may not have as much benefit and may have an increased chance of causing harm. In our previous research, we asked older adults and their carers about their thoughts on stopping these medicines. They told us that they would like these medicines reviewed by doctors in hospital during their stay and for those no longer needed or that could cause harm to be stopped. This is called ‘proactive deprescribing’ and is different from stopping a medicine after harm has occurred.

Currently, medicines that are no longer needed or may cause more harm than good are not routinely reviewed or stopped during hospital admissions. The CHARMER (CompreHensive geriAtRician led MEdication Review) study will develop and test a way to support geriatricians (consultants working on older adult’s medicine wards) and hospital pharmacists to proactively deprescribe for older adults while they are in hospital.

The CHARMER team’s previous research with geriatricians and pharmacists working with older adults identified what things help and what things hinder them from proactively deprescribing medicines in hospital. The team also worked with clinicians to identify and decide on what strategies would help to address these things and support proactive deprescribing. These strategies are the active ingredients that are responsible for bringing about change.

Aim of this research

The aim of Work Package 2 was to work with geriatricians, pharmacists, other relevant hospital staff (e.g. Improvement Managers) and public and patient representatives to design the strategies to address infrequent proactive deprescribing. These strategies form the CHARMER intervention package. In this study, an ‘intervention package’ is defined as a set of strategies that aim to bring about change in clinician behaviour.

What we did

We used a ‘co-design’ method which means we actively included the people who will deliver the intervention (clinicians) and people who will receive the intervention (patients) in the design process. We recruited geriatricians, pharmacists and other relevant hospital staff from three diverse NHS hospitals in England. In total, we recruited 33 hospital staff to this

study. Two patient representatives were involved throughout, from workshop activity planning to analysing the outcomes of the workshops.

We ran two rounds of online workshops with each hospital individually and one workshop with all hospitals together (7 workshops in total). During the workshops, the hospital staff and patient representatives worked together to design the different ways to change clinician behaviour.

What we found

We designed an intervention package comprising the following strategies:

- (1) A workshop for pharmacists including videos of patient case studies
- (2) A deprescribing meeting between pharmacists and geriatricians
- (3) Videos of geriatricians holding various deprescribing consultations
- (4) A hospital action plan that prioritises deprescribing
- (5) A technique to record and compare deprescribing activities

Next steps

We will test the intervention in a feasibility study to ensure that hospitals across the country will be able to deliver it with ease in the trial. We will also publish this work in a research journal and present our findings at conferences so that we can share our learning with people working in similar research areas.